

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09802955

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
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TOTAL IND.	2					
TOTAL DEP.	10	↓	↓	↓	↓	↓
TOTAL CLAIMS	12	XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS		XXXXXX	XXXXXX	XXXXXX	XXXXXX	XXXXXX

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS